

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Fitzpatrick for Congress

A. Full Name (Last, First, Middle Initial) Andrew Lukes		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2013	
Mailing Address 2131 Beechnut Place		Transaction ID : A-CF13162	
City Castle Rock	State CO	Zip Code 80108-7827	Amount of Each Receipt this Period 1250
FEC ID number of contributing federal political committee. C			
Name of Employer Market Genomics, LLC	Occupation Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250		
B. Full Name (Last, First, Middle Initial) Dominic A. Origlio Jr.		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2013	
Mailing Address 231 Cheswold Lane		Transaction ID : A-CF13233	
City Haverford	State PA	Zip Code 19041	Amount of Each Receipt this Period 1000
FEC ID number of contributing federal political committee. C			
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000		
C. Full Name (Last, First, Middle Initial) Christine Reilly		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2013	
Mailing Address 1825 Aquetong Road		Transaction ID : A-CF13160	
City New Hope	State PA	Zip Code 18938-1140	Amount of Each Receipt this Period 2600
FEC ID number of contributing federal political committee. C			
Name of Employer St. Mary Medical Center	Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000		
SUBTOTAL of Receipts This Page (optional).....		4850.00	
TOTAL This Period (last page this line number only).....			